



USER NOTIS

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AMENDMENT TRANSMITTAL LETTER			DOCKET NUMBER: 66654-010 (P-LJ 3650)	
SERIAL NO: 09/388,221	FILING DATE: September 1, 1999	EXAMINER: A. Wehbe	GROUP ART UNIT: 1632	
INVENTION: NOVEL CARD PROTEINS INVOLVED IN CELL DEATH REGULATION				

TO COMMISSIONER FOR PATENTS

RECEIVED

MAR 28 2003

TECH CENTER 1600/2900

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C., 20231 on March 6, 2003.

By: Pamela M. Guy
Pamela M. Guy, Reg. No. 51328

March 6, 2003
Date of Signature

Transmitted herewith is a Response to the Office Action mailed November 5, 2002, with attached Appendix A in the above-identified application.

- ☒ Two Small Entity statements are enclosed.
- ☒ Petition for a two-month Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	71	-	52	-	19	x	\$9	\$18	=	\$171.	\$
INDEPENDENT CLAIMS	19	-	9	-	10	x	\$42	\$84	=	\$420	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			YES		XX NO		\$140	\$280	=	\$0	\$
							TOTAL ADDITIONAL FEE			\$591	\$

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

Inventors: John C. Reed
Serial No.: 09/388,221
Filed: September 1, 1999
Page 2

- ☒ Please charge my Deposit Account No. 502203 the amount of \$796.00, \$205.00 for the two-month extension of time and \$591.00 for the additional claims fee. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is enclosed, \$ _____ of which covers the fee for a _____-month extension of time.
- ☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502203. A duplicate copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge to Deposit Account No. 502203 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Pamela M. Guy
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